



Department of Behavioral Healthcare, Developmental Disabilities & Hospitals
RI Behavioral Health On-line Data (RI-BHOLD) Codebook

Key to column headings of codebook

1. Group: The type of question (e.g., Demographic, Admission, Health)
2. Question/Description: Question or description of question
3. Answer options: Definitions for responses to each particular question
4. Note: Any question-specific additional information

Additional Notes

1. In the questions, "YOUR/YOU" refers to client

Group	Question/Description	Answer Options	Note
Demographic	What is your gender at birth?	Male, Female	
Demographic	What is your sexual orientation?	Heterosexual, Gay, Lesbian, Bisexual, Other, Refused, Unknown	Only available after June 2018
Demographic	Is your gender identity the same as the gender you were assigned at birth?	Yes, No	Only available after June 2018
Demographic	Race/Ethnicity	White (non-Hispanic), Black (non-Hispanic), Asian, Native American, Hawaiian/Pacific Islander, Multiracial, Hispanic (any race)	Race/Ethnicity is categorized according to the methods used in the 2000 U.S. Census.
Demographic	Age		Current age, Age at admission and/or discharge
Demographic	Veteran status	Active, Veteran, No service	Collected at admission and updated at least every six months
Demographic	Marital status	Never married, Currently married, Not married but living with partner, Separated, Divorced, Widowed	Collected at admission and updated at least every six months
Demographic	Highest level of education attained	Never attended school, Some elementary school (grades 1-7), Completed elementary school (grade 8), Some high school, Completed high school or GED, Some education beyond high school, Associates/Bachelor's degree, Graduate degree	Collected at admission and updated at least every six months
Demographic	Residential living arrangement	Private residence/household, Public housing/Section 8, Residential facility, Assisted living, Nursing home, Other institutional care, foster home, incarcerated, Sober housing, Shelter, Homeless	Collected at admission and updated at least every six months
Demographic	Family size - all legal family members living in the household who are dependent on the monthly income for the household (e.g., spouse, children, step-children)	2 digits	
Demographic	Employment status	Full-time, Half-time, Part-time, Armed forces, Volunteer, Unemployed, School/Job training, Homemaker, Inmate, Retired, Disabled	
Demographic	Insurance/Payment type	Free care, Personal/Self-pay, Commercial/Private insurance, Medicaid, Managed care, Medicare, DBH, Grant, Drug court, Other State agency, Military, Other	
Demographic	Dependent children	2 digits	
Admission information	Admission date	MM/DD/YYYY	
Admission information	Program type	Mental Health, Substance Abuse	

Group	Question/Description	Answer Options	Note
Admission information	Referral source	Self, Mental Healthcare Provider, Substance abuse treatment providers, Other healthcare provider, Hospital emergency room, Federal or State Social Services Agency, Shelter for the Homeless/Abused, School System, Employer/Employee assistance program, Other community referral, Court system	
Admission information	Source of court referral	Civil, State or Federal, Adult drug, Family drug, Juvenile drug, Adult diversionary, Juvenile diversionary, Prison referral, Youth corrections, Probation or parole order, Driving under the influence, Other	Only completed by those who reported Court System as referral source at admission
Admission information	Number of arrests in 30 days prior to admission	2 digits	
Admission information	In the 30 days prior to admission, how often did you attend a voluntary self-help group for substance use?	None, 1-3 times in the past month, 1-2 times in the past week, 3-6 times in the past week, Daily	Only completed by those in a substance use program
Health information	Co-occurring conditions	Mental Health & Substance Abuse, Developmental Disabilities, Pregnant, Smoking, Hypertension, Hepatitis, HIV/AIDS, Hypercholesterolemia, Obesity, Diabetes, Asthma, Chronic obstructive pulmonary disease	Collected at admission and updated at least every six months
Health information	Diagnoses	Up to 10 different diagnoses (ICD-10 codes)	Collected at admission and updated at least every six months
Current Substance Abuse	Primary Substance of Abuse	Alcohol, Barbiturates, Bath salts, Benzodiazepine, Cocaine/Crack, Ecstasy, Fentanyl, GHB, Heroin, Inhalants, Marijuana/Hashish, Methamphetamine, Non-prescription methadone, Other amphetamines, Other hallucinogens, Other opiates/synthetics, Other sedatives/Hypnotics	Completed for both MH and SA programs.
Current Substance Abuse	Route for primary substance	Oral, Smoking, Inhalation, Injection, Other	Collected at admission and updated at least every six months
Current Substance Abuse	Frequency of use of primary substance	No past month use, 1-3 times in past month, 1-2 times per week, 3-6 times per week, Daily	Collected at admission and updated at least every six months
Current Substance Abuse	Age at first use of primary substance	2 digits	

Group	Question/Description	Answer Options	Note
Current Substance Abuse	Secondary Substance of Abuse	Alcohol, Barbiturates, Bath salts, Benzodiazepine, Cocaine/Crack, Ecstasy, Fentanyl, GHB, Heroin, Inhalants, Marijuana/Hashish, Methamphetamine, Non-prescription methadone, Other amphetamines, Other hallucinogens, Other opiates/synthetics, Other sedatives/Hypnotics	
Current Substance Abuse	Route for secondary substance	Oral, Smoking, Inhalation, Injection, Other	Collected at admission and updated at least every six months
Current Substance Abuse	Frequency of use of secondary substance	No past month use, 1-3 times in past month, 1-2 times per week, 3-6 times per week, Daily	Collected at admission and updated at least every six months
Current Substance Abuse	Age at first use of secondary substance	2 digits	
Current Substance Abuse	Tertiary Substance of Abuse	Alcohol, Barbiturates, Bath salts, Benzodiazepine, Cocaine/Crack, Ecstasy, Fentanyl, GHB, Heroin, Inhalants, Marijuana/Hashish, Methamphetamine, Non-prescription methadone, Other amphetamines, Other hallucinogens, Other opiates/synthetics, Other sedatives/Hypnotics	
Current Substance Abuse	Route for tertiary substance	Oral, Smoking, Inhalation, Injection, Other	Collected at admission and updated at least every six months
Current Substance Abuse	Frequency of use of tertiary substance	No past month use, 1-3 times in past month, 1-2 times per week, 3-6 times per week, Daily	Collected at admission and updated at least every six months
Current Substance Abuse	Age at first use of tertiary substance	2 digits	
Discharge Information	Discharge date	MM/DD/YYYY	
Discharge Information	Reason for discharge	Completed treatment (no referral), internal transfer, external transfer, Client discharged before completed treatment/against advice/no contact within 30 days, Inability to pay, Non-compliance issues, Incarceration, Death	
Discharge Information	Referral at discharge	None, Mental Health Care provider, Substance abuse treatment provider, Other health care provider, Federal/State social service agency, Shelter for homeless/abused, School system, Employer/Employee assistance program, Other community referral, Court system	
Group	Question/Description	Answer Options	Note
Discharge Information	In the 30 days prior to admission, how often did you attend a voluntary self-help group for substance use?	None, 1-3 times in the past month, 1-2 times in the past week, 3-6 times in the past week, Daily	Only completed by those in a substance use program

Group	Question/Description	Answer Options	Note
Discharge Information	Number of arrests in 30 days prior to discharge	2 digits	
Discharge Information	Residential living arrangement	Private residence/household, Public housing/Section 8, Residential facility, Assisted living, Nursing home, Other institutional care, foster home, incarcerated, Sober housing, Shelter, Homeless	
Discharge Information	Employment status	Full-time, Half-time, Part-time, Armed forces, Volunteer, Unemployed, School/Job training, Homemaker, Inmate, Retired, Disabled	
Substance Abuse at Discharge	Primary Substance of Abuse	Alcohol, Barbiturates, Bath salts, Benzodiazepine, Cocaine/Crack, Ecstasy, Fentanyl, GHB, Heroin, Inhalants, Marijuana/Hashish, Methamphetamine, Non-prescription methadone, Other amphetamines, Other hallucinogens, Other opiates/synthetics, Other sedatives/Hypnotics	
Substance Abuse at Discharge	Route for primary substance	Oral, Smoking, Inhalation, Injection, Other	
Substance Abuse at Discharge	Frequency of use of primary substance	No past month use, 1-3 times in past month, 1-2 times per week, 3-6 times per week, Daily	
Substance Abuse at Discharge	Age at first use of primary substance	2 digits	
Substance Abuse at Discharge	Secondary Substance of Abuse	Alcohol, Barbiturates, Bath salts, Benzodiazepine, Cocaine/Crack, Ecstasy, Fentanyl, GHB, Heroin, Inhalants, Marijuana/Hashish, Methamphetamine, Non-prescription methadone, Other amphetamines, Other hallucinogens, Other opiates/synthetics, Other sedatives/Hypnotics	
Substance Abuse at Discharge	Route for secondary substance	Oral, Smoking, Inhalation, Injection, Other	
Substance Abuse at Discharge	Frequency of use of secondary substance	No past month use, 1-3 times in past month, 1-2 times per week, 3-6 times per week, Daily	
Substance Abuse at Discharge	Age at first use of secondary substance	2 digits	
Substance Abuse at Discharge	Tertiary Substance of Abuse	Alcohol, Barbiturates, Bath salts, Benzodiazepine, Cocaine/Crack, Ecstasy, Fentanyl, GHB, Heroin, Inhalants, Marijuana/Hashish, Methamphetamine, Non-prescription methadone, Other amphetamines, Other hallucinogens, Other opiates/synthetics, Other sedatives/Hypnotics	
Substance Abuse at Discharge	Route for tertiary substance	Oral, Smoking, Inhalation, Injection, Other	

Group	Question/Description	Answer Options	Note
Substance Abuse at Discharge	Frequency of use of tertiary substance	No past month use, 1-3 times in past month, 1-2 times per week, 3-6 times per week, Daily	
Substance Abuse at Discharge	Age at first use of tertiary substance	2 digits	